## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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or Fax (571)-273-2885

| NSTRUCTIONS: This appropriate. All further condicated unless correctenaintenance fee notifications.                                                                                                                                                                                                                                                                                                                                    | correspondence including debelow or directed oth               | or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a                                                                                                                                                                                                                                                                                                                         | E FEE and PUBLICATI<br>ders and notification of n<br>) specifying a new corres                                                                                                                                                                                                                                                                          | pondence address;                                                                                                                                                                                                                                                                                                                                         | and/or (               | b) indicating a separa                          | te "FEE ADDRESS" for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  022844                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                             |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| BROOKS KUS<br>1000 TOWN CE<br>22ND FLOOR 3                                                                                                                                                                                                                                                                                                                                                                                             | 7590 09/28<br>HHMAN P.C./FGT<br>NTER Ford Glo<br>30 Town Cente | Kelley States, LLC addition trans                                                                                                                                                                                                                                                                                                                                                                  | Certificate of Mailing or Transmission  Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USP 10 (571) 273-2885, on the data indicated below. |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| SOUTHFIELD,                                                                                                                                                                                                                                                                                                                                                                                                                            | <del>MI 48075-123</del> 8 <sub>De</sub>                        | arborn, MI 481                                                                                                                                                                                                                                                                                                                                                                                     | .26                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                        | $\geq \leq$                                     | (Depositor's name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | <u></u>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 | (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | ا ا                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 | (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                        | ATION NO. FILING DATE                                          |                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO. CO |                                                 | CONFIRMATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 10/711,041 08/19/2004                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | Alexander Zaremba 81098395 / FMC 1742 PUS 5040                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE TORQUE                                                 | MONITORING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 | T SISTEMATICAL TO THE STATE OF |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                   | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                                                      | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                     | PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                           | E FEE                  | TOTAL FEE(S) DUE                                | DATE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                             | <b>%X%</b> \$144                                                                                                                                                                                                                                                                                                                                                                                   | 10 \$300                                                                                                                                                                                                                                                                                                                                                | <b>\$</b> 0                                                                                                                                                                                                                                                                                                                                               |                        | <del>-\$1700 -</del><br>* 1740                  | 12/28/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| EXAMINER ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                                                                         |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| ARTHUR JEANGLAUDE, GERTRUDE 3661                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | 701-022000                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                             |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    | (1) the names of up to or agents OR, alternation (2) the name of a sing registered attorney or 2 registered patent att                                                                                                                                                                                                                                  | For printing on the patent front page, list ) the names of up to 3 registered patent attorneys agents OR, alternatively, ) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.  David B. Kelley  2 Brooks Kushman P.C. |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Ford Global Technologies, LLC Dearborn, MI                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                                                                                               | riate assignee category o                                      | r categories (will not be p                                                                                                                                                                                                                                                                                                                                                                        | printed on the patent):                                                                                                                                                                                                                                                                                                                                 | Individual XXC                                                                                                                                                                                                                                                                                                                                            | corporation            | on or other private grou                        | up entity Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 4a. The following fee(s)  **Sissue Fee  **Publication Fee (I  Advance Order -                                                                                                                                                                                                                                                                                                                                                          | No small entity discount                                       | <ul> <li>4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1510 (enclose an extra copy of this form).</li> </ul> |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 5. Change in Entity Sta  a. Applicant claim  NOTE: The Issue Fee ar                                                                                                                                                                                                                                                                                                                                                                    | ns SMALL ENTITY star                                           | tus. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                              | b. Applicant is no lo                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date November 6, 2007                                                                                                                     |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           |                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Typed or printed nan                                                                                                                                                                                                                                                                                                                                                                                                                   | ne Matthew M                                                   | <i>/</i> -                                                                                                                                                                                                                                                                                                                                                                                         | Registration                                                                                                                                                                                                                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                                        | 46,929                 |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| This collection of informan application. Confider                                                                                                                                                                                                                                                                                                                                                                                      | nation is required by 37 itiality is governed by 3             | CFR 1.311. The informat<br>5 U.S.C. 122 and 37 CFF                                                                                                                                                                                                                                                                                                                                                 | ion is required to obtain or<br>1.14. This collection is e                                                                                                                                                                                                                                                                                              | retain a benefit by<br>stimated to take 12                                                                                                                                                                                                                                                                                                                | the publ               | ic which is to file (and to complete, including | by the USPTO to process<br>g gathering, preparing, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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